Radiogram Message Form: KARO-ECHO

ARRL/ARES HEADER: (for radio operator)

Number #	Precedence (E P W R)	Handling * HX*	Station of Origin Callsign	Word Count* Check*	Place of Origin LOCATION	Time Filed HHMM	Date Month/ Day

TO: NAME/POSITION

LOCATION (Address, Telephone, Email, etc. optional if relevant)

SUBJECT: **DATE:** **TIME:**

TEXT:(one word, or number/letter group, per box)

					5
					10
					15
					20
					25
					30
					35
					40
					45
					50

BREAK

FROM/Signature: Name/Position:

LOCATION (Address, Telephone, Email, etc. optional if relevant)

FOOTER: (For Radio Operator's Records Only)

Received From Station _____ Time _____ Date _____ By Operator (callsign) _____

Sent/Delivered To Station _____ Time _____ Date _____ By Operator (callsign) _____

*** Optional** **Red: ICS 213 Fields**